

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000023595

1. Entity Name  
IVAX DERMATOLOGICALS, INC.



FILED  
05 APR 18 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4400 BUSCAYNE BLVD  
MIAMI, FL 33137  
Attn: Carole I. Amster

Mailing Address  
4400 BUSCAYNE BLVD  
MIAMI, FL 33137  
Attn: Carole I. Amster



2. Principal Place of Business		3. Mailing Address		01212005	Chg-P	CR2E034 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number	20-0223710	
Zip	Country	Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Not Applicable	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HURD NATION, MARIANNE 4400 BUSCAYNE BLVD MIAMI, FL 33137		Name <b>Rubin, Steven D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4400 Biscayne Boulevard</b> City <b>Miami</b> FL Zip Code <b>33137</b>	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Steven D. Rubin** DATE **1/24/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May be Added to Fees	<b>500052113835</b> <b>04/26/05--01047--020 **150.00</b>
---	---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURD NATION, MARIANNE 4400 BUSCAYNE BLVD MIAMI, FL 33137 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Flanzraich, Neil 4400 Biscayne Blvd., Miami, FL 33137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Beier, Thomas E. 4400 Biscayne Blvd., Miami, FL 33137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Rubin, Steven D. 4400 Biscayne Blvd., Miami, FL 33137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT Uppaluri, Rao 4400 Biscayne Blvd., Miami, FL 33137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Hsiao, Jane 4400 Biscayne Blvd., Miami, FL 33137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Nation, Marianne Hurd 4400 Biscayne Blvd., Miami, FL 33137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Steven D. Rubin** DATE **1/24/05** DAYTIME PHONE # **305-575-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR